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MEDICARE –  
COORDINATION  
OF BENEFITS

# Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Registration Process Representative

Version 3.1, 3/31/2013  
CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on <http://www.cms.gov/Medicare/Medicare.html>.

**Slide notes**

Welcome to the Workers' Compensation Medicare Set-Aside Portal (WCMSAP) Registration Process course.

Note: This module is intended for those entities who will register for a representative account.

A representative account indicates that the submitter is registering as a non-corporate entity with no Employer Identification Number (EIN), but will be submitting multiple WCMSA requests.

As a reminder, you may view the slide number you are on by clicking on the moving cursor. Additionally, you can view the narration by clicking the Closed Captioning [CC] button in the lower right hand corner of the screen.

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## Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the WCMSAP. All affected entities are responsible for following the applicable CMS instructions found at the following link:  
<http://www.cms.gov/WorkersCompAgencyServices/>.

## Slide notes

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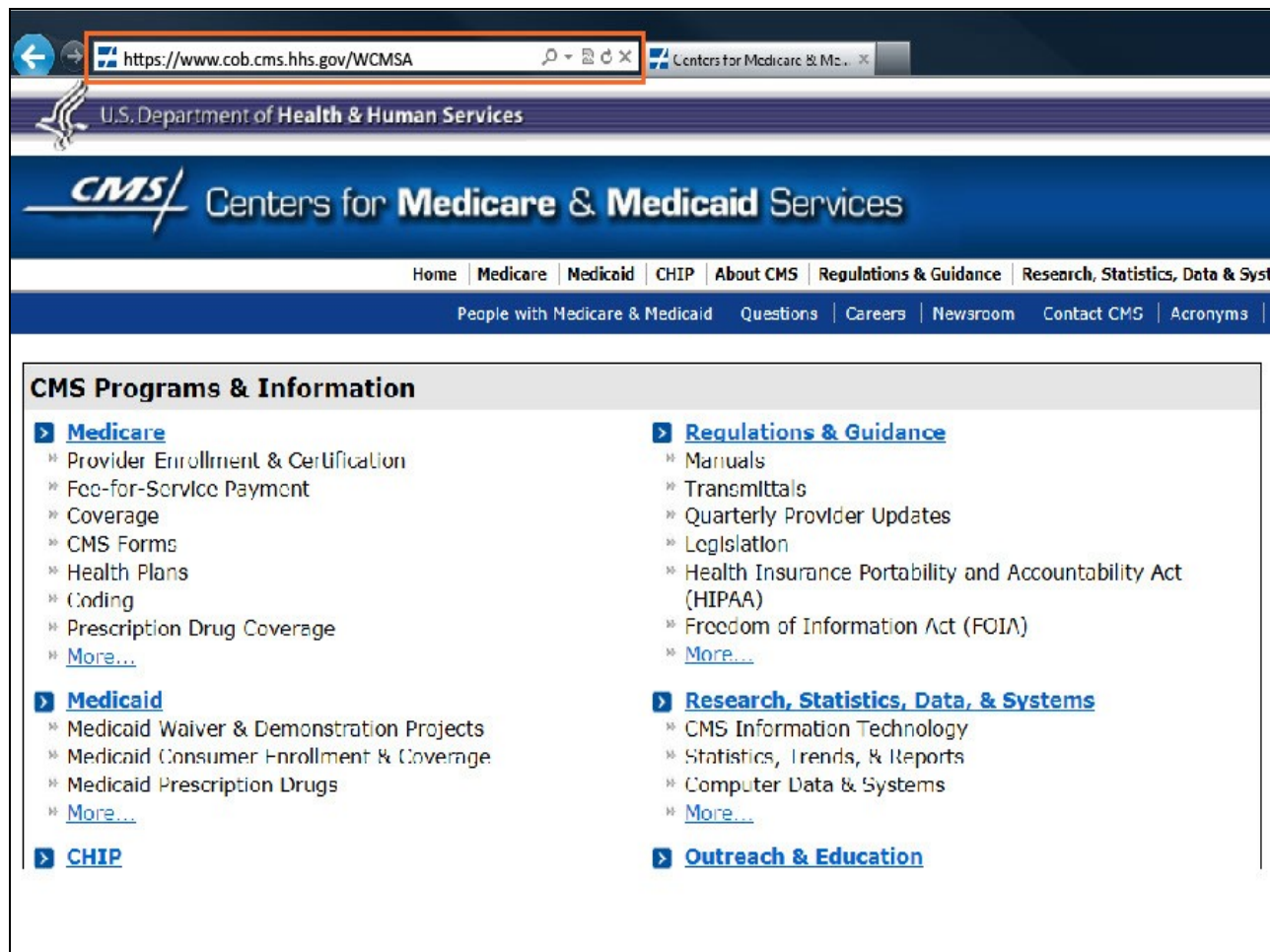
## Course Overview

- Representative Registration
- Next Steps

**Slide notes**

This course will provide instruction on how to complete a Representative registration on the WCMSAP and the steps to follow once the registration has been submitted.

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## Slide notes

All users must register for a Web portal account on the WCMSAP URL.

To create your representative account, you must go to the WCMSAP URL (<https://www.cob.cms.hhs.gov/WCMSA>) to begin the registration process.

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The screenshot shows the 'Login Warning' page of the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page features the CMS logo and a 'COB' (Covered by Medicare) icon. A 'Print this page' link is visible. The main content area contains a warning about unauthorized access, a Privacy Act Statement, and an Attestation of Information section with 'I Accept' and 'Decline' buttons. A footer bar includes links for 'Privacy Policy' and 'User Agreement'.

**CMS** Workers' Compensation Medicare Set-Aside Web Portal **COB**

**Login Warning** [Print this page](#)

**UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW**

This web site is maintained by the U.S. Government and is protected by federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or password, may be in violation of federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of federal civil and criminal law. Violators may be subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

**Privacy Act Statement**

The collection of this information is authorized by 42 U.S.C. 1395y(b)(6). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant, that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgencyServices/>

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

[I Accept](#)  
[Decline](#)

<sup>1</sup> A Privacy Act system of records is a group of any records about individuals and under the control of any Federal agency from which information is retrieved by the name or other personal identifier of the individual

[Privacy Policy](#) [User Agreement](#)

## Slide notes

Each time a user visits the WCSMAP Web site, the Login Warning page will display the Data Use Agreement (DUA).

The DUA provides information about WCMSAP security measures, including access, penalty and privacy laws.

All users must agree to the terms of this warning each time they access the WCMSAP application.

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**Workers' Compensation Medicare Set-Aside Web Portal**  
CENTERS for MEDICARE & MEDICAID SERVICES

Login Warning [Print this page](#)

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For site security purposes we employ software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal or other adverse action.

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The collection of this information is authorized by 42 U.S.C. 1395y(b)(6). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

**Attestation of Information**

I have submitted all relevant information obtained and/or have knowledge of regarding this claimant that was generated at any time on or after the Date of Incident (DOI) for the alleged accident/illness/injury/incident at issue, and has been included as part of this submission of the proposed amount for this WCMSA to the Centers for Medicare & Medicaid Services.

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process; and, I have read and understand all of the Centers for Medicare & Medicaid Services information at <http://www.cms.gov/WorkersCompAgencyServices/>.

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[I Accept](#)  
[Decline](#)

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[Privacy Policy](#) [User Agreement](#)

## Slide notes

You must review the DUA and click the [I Accept] link at the bottom of the page to continue, otherwise you will be denied access to the WCMSAP site and will be unable to register.



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**CMS** Workers' Compensation Medicare Set-Aside Web Portal 

[Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

## Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

### WCMSAP Messages

This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

### GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**

New Registration ➡

**STEP 2**

Account Setup ➡

(Account ID and PIN required)

**Sign into your account**

User Name:

[Forgot ID](#)


Password:

[Forgot Password](#)

Slide notes

Once you have clicked on the I Accept link, the Login (Welcome) page will display. Here you will find various menu options.

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**CMS** Workers' Compensation Medicare Set-Aside Web Portal  [Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

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For more information, refer to How To Get Started under the How To menu option.

**STEP 1**

[New Registration](#) ➔

**STEP 2**

[Account Setup](#) ➔  
(Account ID and PIN required)


**Sign into your account**User Name:  
[Forgot ID](#)Password:  
[Forgot Password](#) 

## Slide notes

"About This site" navigates to the "How To Use This Site" link, offering general information on how to use the WCMSAP application.



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**CMS** Workers' Compensation Medicare Set-Aside Web Portal 

[Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

## Welcome to the WCMSAP

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### GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**

New Registration ➡

**STEP 2**


Account Setup ➡  
(Account ID and PIN required)

**Sign into your account**  
User Name:  
  
[Forgot ID](#)  
Password:  
  
[Forgot Password](#)

## Slide notes

"CMS Links" provides links to the Workers' Compensation Agency Services page, the Medicare Web site, and the Coordination of Benefits Web site.

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**CMS** Workers' Compensation Medicare Set-Aside Web Portal  [Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

## Welcome to the WCMSAP

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### WCMSAP Messages

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### GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**

[New Registration](#) ➔

**STEP 2**


[Account Setup](#) ➔  
(Account ID and PIN required)

**Sign into your account**User Name:  
[Forgot ID](#)Password:  
[Forgot Password](#) **Slide notes**

The "How To..." section provides detailed information on performing the following functions: Getting Started, Requesting your Login ID, Requesting your Password, Changing your Password, Resetting your PIN,

Changing your Account Manager, Changing your Account Representative, and Inviting Account Designees.

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**CMS** Workers' Compensation Medicare Set-Aside Web Portal  [Skip Navigation](#)

[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#)

## Welcome to the WCMSAP

This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS).

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This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements.

### GETTING STARTED

For more information, refer to How To Get Started under the How To menu option.

**STEP 1**

New Registration ➡

**STEP 2**

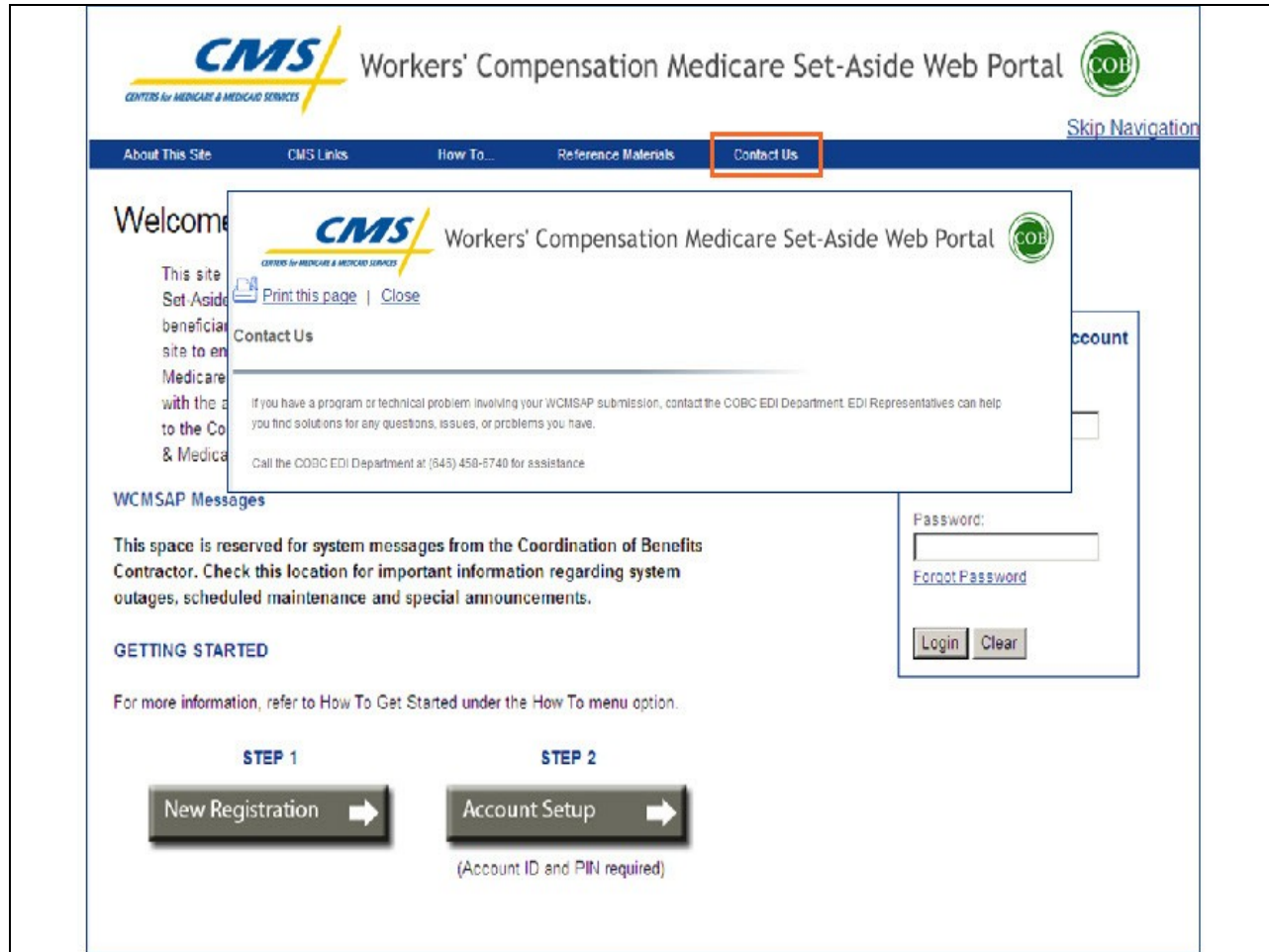
Account Setup ➡  
(Account ID and PIN required)

**Sign into your account**  
User Name:  
  
[Forgot ID](#)  
Password:  
  
[Forgot Password](#)

## Slide notes

"Reference Materials" displays a link to the WCMSAP User Guide.

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Slide notes

"Contact Us" displays the following page which provides information on how to contact the Coordination of Benefits Contractor (COBC).

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The screenshot shows the homepage of the Workers' Compensation Medicare Set-Aside Web Portal (WCMSAP). At the top, there is a header with the CMS logo (Centers for Medicare & Medicaid Services) and the title "Workers' Compensation Medicare Set-Aside Web Portal" next to a COB logo. A "Skip Navigation" link is on the right. Below the header is a navigation bar with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us".

The main content area starts with a "Welcome to the WCMSAP" heading. Below it, a paragraph explains the site's purpose: "This site provides an interface for entry of Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) proposals. Attorneys, Medicare beneficiaries, claimants, insurance carriers and WCMSA vendors may use this site to enter the case information directly. The site also provides attorneys, Medicare beneficiaries, claimants, insurance carriers, and WCMSA vendors with the ability to track their submitted cases and the statuses without inquiry to the Coordination of Benefits Contractor (COBC) or the Centers for Medicare & Medicaid Services (CMS)."

Below the welcome message is a section titled "WCMSAP Messages" with a paragraph: "This space is reserved for system messages from the Coordination of Benefits Contractor. Check this location for important information regarding system outages, scheduled maintenance and special announcements."

Next is a "GETTING STARTED" section with a link: "For more information, refer to How To Get Started under the How To menu option."

At the bottom, there are two steps outlined:

- STEP 1**: A button labeled "New Registration" with a right-pointing arrow. This button is highlighted with a red rectangular border.
- STEP 2**: A button labeled "Account Setup" with a right-pointing arrow. Below this button, it says "(Account ID and PIN required)".

On the right side of the page, there is a "Sign into your account" box. It contains fields for "User Name:" and "Password:", each with a text input field. Below the "User Name" field is a link "Forgot ID". Below the "Password" field is a link "Forgot Password". At the bottom of the box are two buttons: "Login" and "Clear".

## Slide notes

Account Registration is the first step in the WCMSAP registration process.

During the account registration process, basic information related to the representative and the beneficiary are required.

To begin the initial registration process, click New Registration.

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The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' with the CMS logo and a COB logo. A navigation bar includes links for Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main heading is 'Select Account Type'. Below it, a prompt asks the user to select the type of account for which they are registering. Three options are listed, each in a box with an orange border: 'Corporate' (with a description of corporate entities and EINs), 'Representative' (for non-corporate submitters), and 'Self' (for Medicare beneficiaries or future beneficiaries). A 'QUICK HELP' button with a link to 'Help About This Page' is on the right. 'Previous' and 'Next' buttons are at the bottom left.

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal

COB

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

### Select Account Type

Please select the type of account for which you are registering:

☐ **Corporate**

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.

☐ **Representative**

A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.

☐ **Self**

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (Claimant) submitting a case on their own behalf. The registrant must be a Medicare Beneficiary or Claimant and may only submit cases for themselves.

[QUICK HELP](#)  
[Help About This Page](#)

[Previous](#) [Next](#)

## Slide notes

The Select Account Type page displays. This page describes the differences between each account type.



## Slide 15 - of 34

## Account Type

- Corporate
  - Corporate entity with an Employer Identification Number (EIN)
  - Will regularly submit WCMSAP requests
- Representative
  - Non-corporate WCMSAP user
  - Do not have EIN
  - Will submit multiple cases
- Self
  - Medicare beneficiary/claimant
  - Will submit a case on their own behalf

**Slide notes**

You will be required to first specify the type of account for which you are registering.

There are three types of WCMSAP accounts: Corporate, Representative, and Self.

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN).

Those registering as a corporate account type will be regularly submitting WCMSAP requests.

A representative account type is for a non-corporate WCMSAP user.

These submitters do not have an EIN, but will be submitting multiple cases.

A self-submitter account type is for a Medicare beneficiary or a claimant who has a reasonable expectation of becoming a Medicare beneficiary within 30 months and is submitting a case on their own behalf.

The self-submitter can only submit cases for themselves.

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The screenshot shows the 'Workers' Compensation Set-Aside Web Portal' registration page. At the top, there is a header with the CMS logo (Centers for Medicare & Medicaid Services) on the left, the portal title in the center, and a COB logo on the right. Below the header is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled 'Select Account Type' and contains the instruction: 'Please select the type of account for which you are registering:'. There are three radio button options: 'Corporate', 'Representative', and 'Self'. The 'Representative' option is selected and highlighted with a red rectangular box. To the right of these options is a 'QUICK HELP' button with a link 'Help About This Page'. Below the 'Representative' option, there is a description: 'A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.' At the bottom left, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted by a red rectangular box.

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal

COB

Home About This Site CMS Links How To... Reference Materials Contact Us Logoff

### Select Account Type

Please select the type of account for which you are registering:

☐ Corporate

A corporate account type indicates that the submitter is registering as a corporate entity with an Employer Identification Number (EIN) and will be regularly submitting WCMSA requests.

☒ Representative

A representative account type is for non-corporate WCSA submitters. These submitters do not have an EIN, but will be submitting multiple cases.

☐ Self

Self submitters are Medicare beneficiaries or future Medicare beneficiaries (Claimant) submitting a case on their own behalf. The registrant must be a Medicare Beneficiary or Claimant and may only submit cases for themselves.

Previous Next

QUICK HELP  
[Help About This Page](#)

**Slide notes**

The account type selected will determine both the basic information that is captured during the registration process and the level of vetting that is subsequently undertaken.

This course focuses on how to register for a representative account.

To register as a Representative user, select the Representative button and then click Next.

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The screenshot displays the 'Representative Information' page of the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page features a blue header with the CMS logo and navigation links: Home, About This Site, CMS Links, How To, Reference Materials, Contact Us, and Logoff. A 'QUICK HELP' button with a link to 'Help About This Page' is located in the top right. The main content area is titled 'Representative Information' and includes a note: 'An (\*) indicates a required field.' The form contains the following fields: First Name (\*), MI (\*), Last Name (\*), Social Security Number (\*), E-Mail Address (\*), Re-enter E-Mail Address (\*), Phone (\*), ext. (\*), Fax (\*), Mailing Address (Address Line 1 (\*), Address Line 2 (\*), City (\*), State (\* -Select-), and Zip Code (\*). At the bottom left, there are 'Previous' and 'Next' buttons.

## Slide notes

After the Representative account type is selected, you will be directed to the Representative Information page.

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**CMS** Workers' Compensation Medicare Set-Aside Web Portal

Home About This Site CMS Links How To Reference Materials Contact Us Logoff

**Representative Information**

QUICK HELP  
[Help About This Page](#)

An (\*) indicates a required field.

First Name: \* Jane Last Name: \* Smith

Social Security Number: \* 999 - 99 - 9999

E-Mail Address: \* jsmith@abcassociates.com

Re-enter E-Mail Address: \* jsmith@abcassociates.com

Phone: \* 410 - 889 - 8350 ext. 0877

Fax: 410 - 889 - 0999

Mailing Address:

Address Line 1: \* 200 Test Avenue

Address Line 2: Suite 2-B

City: \* Towson

State: \* Maryland

Zip Code: \* 21204 - 3276

Previous Next

## Slide notes

Enter your personal information on this page.

The address you enter on this page will be used to send the Profile Report and any correspondence from the COBC regarding this Account ID.

Fields marked with an asterisk (\*) are required.

## Slide 19 - of 34

## Representative Information Validation

- System validates each field on each registration page
- If errors are found
  - System displays message indicating errors found
  - Cursor is placed on the first field that generates error
  - User must correct error before being allowed to proceed
- Once data is corrected, system revalidates data

**Slide notes**

The system will validate each field on each registration page for accuracy and completeness.

If errors are found, the system will display applicable error messages on the screen indicating what error condition(s) was/were found.

When errors are discovered, the cursor will be placed on the first field that generates an error condition.

This will either be a required field that is missing data or a field that contains a data error.

You must correct the error before the system will allow you to proceed to the next page.

Once the data has been corrected, the system will re-validate all data that has been entered.

## Slide 20 - of 34

The screenshot shows the 'Representative Information' page of the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page has a blue header with the CMS logo and navigation links: Home, About This Site, CMS Links, How To, Reference Materials, Contact Us, and Logoff. A 'QUICK HELP' button with a link to 'Help About This Page' is in the top right. The main content area contains a form with the following fields:

- First Name: \* Jane
- MI: A
- Last Name: \* Smith
- Social Security Number: \* 999 - 99 - 9999
- E-Mail Address: \* jsmith@abcassociates.com
- Re-enter E-Mail Address: \* jsmith@abcassociates.com
- Phone: \* 410 - 032 - 8300 ext 9877
- Fax: 410 832 - 0999
- Mailing Address:
  - Address Line 1: \* 200 Local Avenue
  - Address Line 2: Suite 2-0
  - City: \* Towson
  - State: \* Maryland (dropdown menu)
  - Zip Code: \* 21204 - 3276


At the bottom left, there are 'Previous' and 'Next' buttons. The 'Next' button is highlighted with a red rectangle.

## Slide notes

When you have completed the Representative Information page, click Next to continue with the registration process.




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CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal



HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

**Beneficiary Information**

An asterisk (\*) indicates a required field.

QUICK HELP

[Help About This Page](#)

Bene Last Name: \*  First Initial: \*

Bene Health Insurance Claim Number (HICN): \*  OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if HICN is not provided)



Bene Date of Birth: \*  /  /  (MM/DD/CCYY)

Bene Gender: \*

## Slide notes

As long as all information was entered correctly on the Representative Information page, you will be directed to the Beneficiary Information page.

## Slide 22 - of 34

**Workers' Compensation Set-Aside Web Portal**

HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

### Beneficiary Information

An asterisk (\*) indicates a required field.

QUICK HELP  
[Help About This Page](#)

→ Bene Last Name: \* Doe → First Initial: \* J

→ Bene Health Insurance Claim Number (HICN): \* 987654321A OR

→ Bene Social Security Number (SSN): \* - - (SSN is required if HICN is not provided)

→ Bene Date of Birth: \* 07 / 20 / 1940 (MM/DD/CCYY)

→ Bene Gender: \* Male


PreviousNext

**Slide notes**

Enter information on this page for a beneficiary associated with the case(s) that will be created using this Account ID.


Fields marked with an asterisk (\*) are required.

## Slide 23 - of 34



CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal



HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

### Beneficiary Information

An asterisk (\*) indicates a required field.

QUICK HELP  
[Help About This Page](#)

Bene Last Name: \*  First Initial: \*

Bene Health Insurance Claim Number (HICN): \*  OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if HICN is not provided)

Bene Date of Birth: \*  /  /  (MM/DD/CCYY)

Bene Gender: \*

## Slide notes

When the Beneficiary Information page is complete, click Next to continue.

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The screenshot shows the 'Registration Summary' page of the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page has a blue header with the CMS logo and navigation links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Print this page' link is in the top right. The main content area is divided into two columns. The left column contains 'Account Type: Representative' with an 'Edit' button, 'Representative Information' with an 'Edit' button, and 'Representative Mailing Address'. The right column contains 'Beneficiary Information' with an 'Edit' button. At the bottom are 'Previous' and 'Submit Registration' buttons.

**Registration Summary** [Print this page](#)

Account Type: Representative <a href="#">Edit</a>	
<b>Representative Information</b> <a href="#">Edit</a>	<b>Beneficiary Information</b> <a href="#">Edit</a>
First Name: Jane M. A. Last Name: Smith	Last Name: Doe First Initial: J
SSN: 999-99-9999	HICN: 997654321A
E-Mail Address: jsmith@abcassociates.com	Date of Birth: July, 20 1948
Phone: 410- 832- 8390 ext. 9877	Gender: Male
Fax: 410- 832- 8399	
<b>Representative Mailing Address:</b>	
Address Line 1: 200 Test Avenue	
Address Line 2: Suite 2-B	
City: Towson	
State: Maryland	
Zip Code: 21204 - 3276	
<a href="#">Previous</a>	<a href="#">Submit Registration</a>



**Slide notes**

Once the Representative and Beneficiary Information pages are complete, the Registration Summary page displays.

This page lists all the information that was previously entered.


All information should be reviewed and verified before continuing.

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**Workers' Compensation Medicare Set-Aside Web Portal**

HomeAbout This SiteCMS LinksHow To...Reference MaterialsContact UsLogoff

### Registration Summary


 [Print this page](#)

Account Type: Representative	<a href="#">Edit</a>
<b>Representative Information</b>	<a href="#">Edit</a>
First Name: Jane M. A. Last Name: Smith	Last Name: Doe First Initial: J
SSN: 999-99-9999	HICN: 997654321A
E-Mail Address: jsmith@abcassociates.com	Date of Birth: July, 20 1948
Phone: 410- 832- 8390 ext. 9877	Gender: Male
Fax: 410- 832- 8399	
<b>Representative Mailing Address:</b>	
Address Line 1: 200 Test Avenue	
Address Line 2: Suite 2-B	
City: Towson	
State: Maryland	
Zip Code: 21204 - 3276	
<a href="#">Previous</a>	<a href="#">Submit Registration</a>

## Slide notes






This page may be printed for your records.

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**CMS** Workers' Compensation Medicare Set-Aside Web Portal 

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### Registration Summary [Print this page](#)

Account Type: Representative 	
<b>Representative Information</b> 	<b>Beneficiary Information</b> 
First Name: Jane M. A. Last Name: Smith	Last Name: Doe First Initial: J
SSN: 999-99-9999	HICN: 997654321A
E-Mail Address: jsmith@abcassociates.com	Date of Birth: July, 20 1948
Phone: 410- 832- 8300 ext. 8877	Gender: Male
Fax: 410- 832- 8599	
<b>Representative Mailing Address:</b>	
Address Line 1: 200 Test Avenue	
Address Line 2: Suite 2-B	
City: Towson	
State: Maryland	
Zip Code: 21204 - 3276	
	



## Slide notes

To make any corrections, click the Edit button next to the applicable section.

Once clicked, the system will display that information entry page.



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**Workers' Compensation Set-Aside Web Portal**

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### Beneficiary Information

An asterisk (\*) indicates a required field.

QUICK HELP  
[Help About This Page](#)

Bene Last Name: \*

First Initial: \*

Bene Health Insurance Claim Number (HICN): \*

OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if HICN is not provided)

Bene Date of Birth: \*  /  /  (MM/DD/CCYY)

Bene Gender: \*


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## Slide notes


Add, change, or delete any of the information as needed.

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CENTERS for MEDICARE & MEDICAID SERVICES

Workers' Compensation Set-Aside Web Portal



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### Beneficiary Information

An asterisk (\*) indicates a required field.

QUICK HELP  
[Help About This Page](#)

Bene Last Name: \*

First Initial: \*

Bene Health Insurance Claim Number (HICN): \*  OR

Bene Social Security Number (SSN): \*  -  -  (SSN is required if HICN is not provided)

Bene Date of Birth: \*  /  /  (MM/DD/CCYY)

Bene Gender: \*

## Slide notes

Once all corrections have been made, click Next to navigate back to the Registration Summary page.

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The screenshot displays the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page features a blue header with the CMS logo and the text "Workers' Compensation Medicare Set-Aside Web Portal". Below the header is a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area is titled "Registration Summary" and includes a "Print this page" link. The form is divided into two columns: Representative Information and Beneficiary Information. The Representative Information section includes fields for Account Type (Representative), Representative Information (with an Edit button), First Name (Junk), MI (A), Last Name (Smith), SSN (999-99-9999), E-Mail Address (jsmith@nbcassociates.com), Phone (410-832-8350 ext. 9877), Fax (410-832-8599), and Representative Mailing Address (Address Line 1: 200 Test Avenue, Address Line 2: Suite 2 B, City: Towson, State: Maryland, Zip Code: 21204 - 3276). The Beneficiary Information section includes fields for Last Name (Doe), First Initial (J), HICN (987654321A), Date of Birth (July, 20 1948), and Gender (Male). At the bottom of the form are two buttons: "Previous" and "Submit Registration".

**Registration Summary**

Account Type: Representative [Edit](#)

Representative Information [Edit](#)

First Name: Junk MI: A Last Name: Smith  
SSN: 999-99-9999  
E-Mail Address: jsmith@nbcassociates.com  
Phone: 410-832-8350 ext. 9877  
Fax: 410-832-8599

Representative Mailing Address:

Address Line 1: 200 Test Avenue  
Address Line 2: Suite 2 B  
City: Towson  
State: Maryland  
Zip Code: 21204 - 3276

Beneficiary Information [Edit](#)

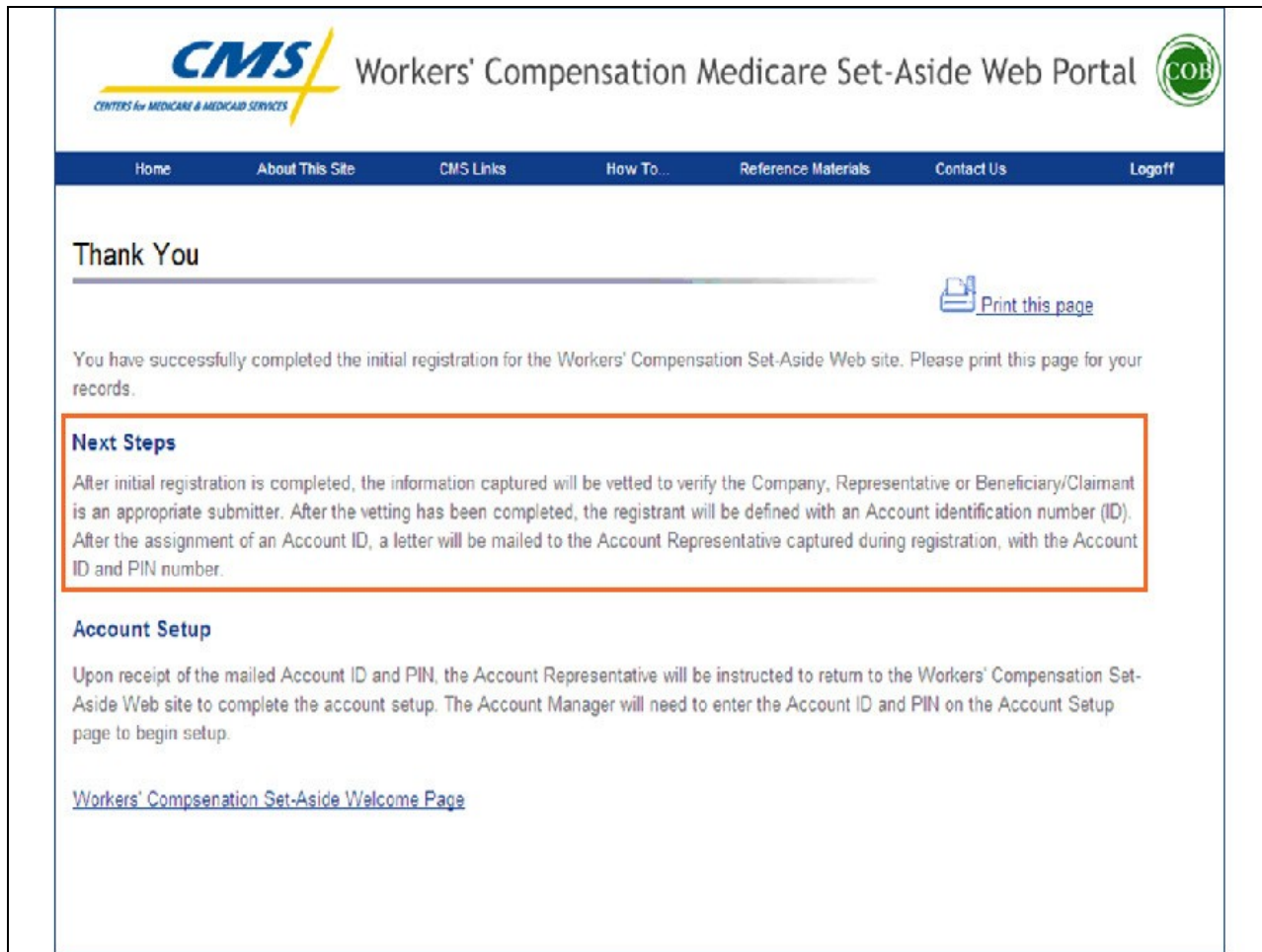
Last Name: Doe First Initial: J  
HICN: 987654321A  
Date of Birth: July, 20 1948  
Gender: Male

[Previous](#) [Submit Registration](#)

## Slide notes

When the registration information has been verified, click Submit Registration.

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The screenshot shows the 'Thank You' page of the CMS Workers' Compensation Medicare Set-Aside Web Portal. The page features the CMS logo and a navigation bar with links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. A 'Print this page' button is visible. The main content area includes a 'Next Steps' section, which is highlighted with an orange border, and an 'Account Setup' section. The 'Next Steps' section explains that after initial registration, the information will be vetted, and the registrant will be assigned an Account ID and PIN, with a letter mailed to the Account Representative. The 'Account Setup' section states that upon receipt of the Account ID and PIN, the Account Representative will be instructed to return to the website to complete the account setup.

**Thank You**

[Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

**Next Steps**

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

**Account Setup**

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

## Slide notes

Once the registration has been submitted, the Thank You page displays, outlining the next steps in the registration process.

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## Next Steps

- Once the registration has been submitted, the COBC validates the information
- Within two weeks, the Account Representative will receive the Account ID and PIN and instructions for setting up the account
  - If letter is not received within 10 business days, contact a COBC EDI Representative

### Slide notes

When the registration application has been submitted, the information provided will be validated by the COBC.

Within two weeks, a letter will be mailed to you that contains the Account ID and PIN, along with instructions for setting up the account (to be completed by the Account Manager).

If a letter is not received within 10 business days, contact a COBC Electronic Data Interchange (EDI) Representative.

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## Next Steps

- Once Account Setup is completed
  - E-mail notification will be sent which includes a Profile Report
    - May take up to 10 business days to receive the Profile Report
- Profile Report must be reviewed, signed, and returned within 60 business days
  - When returning this via e-mail, use “WCMSAP Profile Report” in the subject line
  - If this is not received within the timeframe, the account will automatically be deleted on the 60th business day
    - If account is deleted, you must start the registration process from the beginning

**Slide notes**

Once you have completed the account setup, an e-mail notification will be sent to you, including a Profile Report denoting all information previously recorded during registration and any additional information provided during the account setup.

It may take up to 10 business days to receive the Profile Report.

You will have 60 business days to review, sign, and return the Profile Report to the COBC.

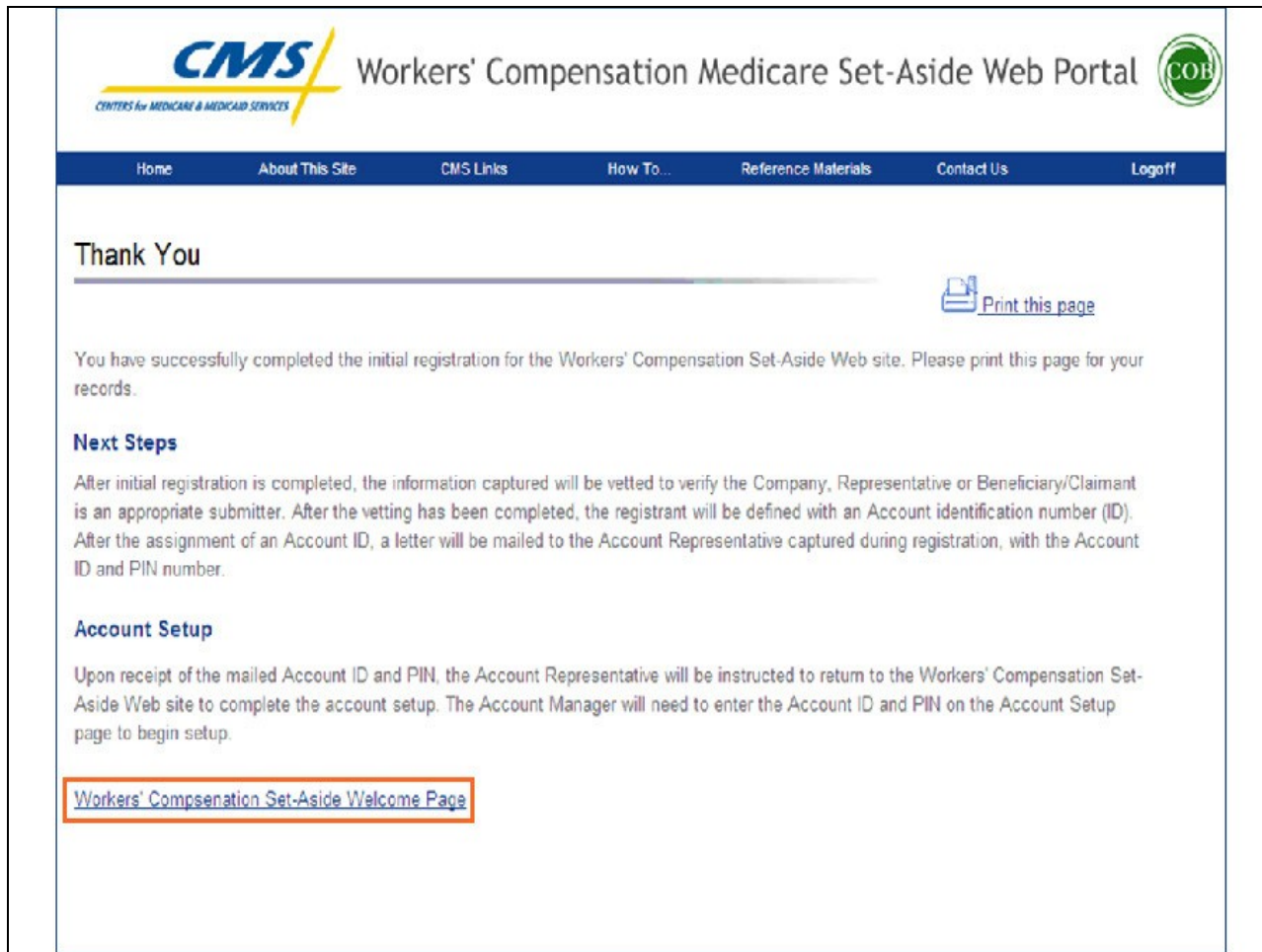
When returning the signed Profile Report via e-mail, use “WCMSAP Profile Report” in the subject line.

If a signed Profile Report is not received within that timeframe, the account will be automatically deleted on the 60th business day.

If the account is deleted, you must start the registration process from the beginning.




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The screenshot displays the CMS Workers' Compensation Medicare Set-Aside Web Portal. The header includes the CMS logo (Centers for Medicare & Medicaid Services) and the portal title. A navigation bar contains links: Home, About This Site, CMS Links, How To..., Reference Materials, Contact Us, and Logoff. The main content area features a 'Thank You' message, a 'Print this page' button, and instructions on the next steps for account setup. A link to the 'Workers' Compensation Set-Aside Welcome Page' is highlighted with a red box.

**Thank You**

 [Print this page](#)

You have successfully completed the initial registration for the Workers' Compensation Set-Aside Web site. Please print this page for your records.

**Next Steps**

After initial registration is completed, the information captured will be vetted to verify the Company, Representative or Beneficiary/Claimant is an appropriate submitter. After the vetting has been completed, the registrant will be defined with an Account identification number (ID). After the assignment of an Account ID, a letter will be mailed to the Account Representative captured during registration, with the Account ID and PIN number.

**Account Setup**

Upon receipt of the mailed Account ID and PIN, the Account Representative will be instructed to return to the Workers' Compensation Set-Aside Web site to complete the account setup. The Account Manager will need to enter the Account ID and PIN on the Account Setup page to begin setup.

[Workers' Compensation Set-Aside Welcome Page](#)

## Slide notes

To return to the WCMSAP Welcome page, click the Workers' Compensation Set-Aside Welcome Page link.

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MEDICARE –  
COORDINATION  
OF BENEFITS

You have completed the Registration Process for Representative Submitters course. The information in this course can be referenced by using the document at the link below.

<https://www.cob.cms.hhs.gov/WCMSA/help/userManual/WCMSAUserManual.pdf>

## Slide notes